

Appendix F: HOME Set Up and Completion Forms

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<http://www.hud.gov/assist/acrobat.cfm>

Chapter last updated: February 2004
Content revised for IDIS Version 8.0 (March 18, 2004)

F.1 Overview

The HOME program office has revised its setup and completion forms so that they reflect the implementation of HOME ROCS!, effective in IDIS Version 8.0 (March 18, 2004). The previous forms have been consolidated and reorganized by tenure type. There are four forms (one for each tenure type), and each form encapsulates both set up and completion processes and both single and multi-address activities.

We make these forms available to you for your convenience; they are not official HUD forms.

Rental Set Up and Completion Form

HOME Program (For single and multi-address activities)

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
OMB Approval No. 2506-0171
(Exp. 03/31/2005)

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form:
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Set Up Rental Activity:

A. General Information.

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:

B. CHDO Information. (Only if applicable)

1. Is funding limited to CHDO Operating (CO) or CHDO Capacity Building (CC)? Y/N: (If Yes, STOP. DO NOT FILL OUT THIS FORM.)	2. If this is a CHDO activity (funded with CR), is the CHDO acting as (check one): (1) <input type="checkbox"/> Owner (2) <input type="checkbox"/> Sponsor (3) <input type="checkbox"/> Developer
3. Is this a CHDO Loan? Y/N: (If Y, answer Item 4.)	4. Is the activity going forward? Y/N: (When Y, fill out the rest of the form. If N, Sections ?? are not needed.)

C. Activity Information.

1. Activity Type (check one): (1) <input type="checkbox"/> Rehab Only (4) <input type="checkbox"/> Acquisition & Rehab (2) <input type="checkbox"/> New Construction Only (5) <input type="checkbox"/> Acquisition & New Construction (3) <input type="checkbox"/> Acquisition Only		2. Property Street Address:		
3. City:	4. State:	5. Zip Code:	6. Estimated HOME Units:	7. Estimated HOME Cost:
8. Loan Guarantee? Y/N:				

D. Developer Information. (Only applicable if this is a multi-address activity)

1. Developer Type (check one): (1) <input type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit (2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly Owned (3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other	2. Developer's Name:		
	3. Developer's Street Address:		
	4. City:	5. State:	6. Zip Code:

Complete Rental Activity:**E. General Information.** (Same as set up)

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:
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F. Activity Information. (Sections F, G, and H are to be filled out for each property address. If this is a multi-address activity, make copies of this form so that each address has separate F, G, and H information.)

1. Activity Type (check one): (2) <input type="checkbox"/> New Construction Only (3) <input type="checkbox"/> Acquisition Only		(4) <input type="checkbox"/> Acquisition & Rehab (5) <input type="checkbox"/> Acquisition & New Construction		2. Property Type (check one): (1) <input type="checkbox"/> Condominium (2) <input type="checkbox"/> Cooperative (3) <input type="checkbox"/> SRO		(4) <input type="checkbox"/> Apartment (5) <input type="checkbox"/> Other		3. FHA Insured? Y/N:		
4. Mixed Use? Y/N:		5. Mixed Income? Y/N:		6. Total Completed Units: _____ HOME-assisted Units: _____ 504-accessible Units: _____						
7. Property Street Address:				8. City:			9. State:		10. Zip Code:	

G. Activity Costs.**1. HOME Funds (Including Program Income)**

(1) Amortized Loan	\$
(2) Grant	\$
(3) Deferred Payment Loan (DPL)	\$
(4) Other	\$
(5) CHDO Loan	\$
Total HOME Funds [(1) + (2) + (3) + (4) + (5)]	\$

2. Public Funds

(1) Other Federal Funds	\$
(2) State/Local Funds	\$
(3) Tax Exempt Bond Proceeds	\$
Total Public Funds [(1) + (2) + (3)]	\$

3. Private Funds

(1) Private Loans	\$
(2) Owner Cash Contribution	\$
(3) Private Grants	\$
Total Private Funds [(1) + (2) + (3)]	\$

4. <i>Low-Income Housing Tax Credit Proceeds</i>	\$
5. Activity Total (Sum All Totals)	\$

H. Household Characteristics. (Refer to code below where applicable)

[illegible]

<p># of Bdrms</p> <p>0 – SRO/Efficiency</p> <p>1 – 1 bedroom</p> <p>2 – 2 bedrooms</p> <p>3 – 3 bedrooms</p> <p>4 – 4 bedrooms</p> <p>5 – 5 or more bedrooms</p>	<p>Occupant</p> <p>1 – Tenant</p> <p>2 – Owner</p> <p>9 – Vacant Unit</p>	<p>Household Race</p> <p>11 – White</p> <p>12 – Black or African American</p> <p>13 – Asian</p> <p>14 – American Indian or Alaska Native</p> <p>15 – Native Hawaiian or Other Pacific Islander</p> <p>16 – American Indian or Alaska Native & White</p> <p>17 – Asian & White</p> <p>18 – Black or African American & White</p> <p>19 – American Indian or Alaska Native & Black or African American</p> <p>20 – Other Multi Racial</p>	<p>Household Size</p> <p>1 – 1 person</p> <p>2 – 2 persons</p> <p>3 – 3 persons</p> <p>4 – 4 persons</p> <p>5 – 5 persons</p> <p>6 – 6 persons</p> <p>7 – 7 persons</p> <p>8 – 8 or more persons</p>	<p>Assistance Type</p> <p>1 – Section 8</p> <p>2 – HOME TBRA</p> <p>3 – Other Federal, State, or Local Assistance</p> <p>4 – No Assistance</p>
	<p>Household % of Med</p> <p>1 – 0 to 30%</p> <p>2 – 30+ to 50%</p> <p>3 – 50+ to 60%</p> <p>4 – 60+ to 80%</p>		<p>Household Type</p> <p>1 – Single, non-elderly</p> <p>2 – Elderly</p> <p>3 – Single parent</p> <p>4 – Two parents</p> <p>5 – Other</p>	

Homebuyer Set Up and Completion Form

HOME Program (For single and multi-address activities)

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
OMB Approval No. 2506-0171
(Exp. 03/31/2005)

Check the appropriate box:

- ☐ Original Submission ☐ Change Owner's Address
☐ Ownership Transfer ☐ Revision

Name and Phone Number of Person Completing Form:

Set Up Homebuyer Activity:

A. General Information.

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:

B. CHDO Information. (Only if applicable)

1. Is funding limited to CHDO Operating (CO) or CHDO Capacity Building (CC)? Y/N: (If Yes, STOP. DO NOT FILL OUT THIS FORM.)	2. If this is a CHDO activity (funded with CR), is the CHDO acting as (check one): (1) <input type="checkbox"/> Owner (2) <input type="checkbox"/> Sponsor (3) <input type="checkbox"/> Developer
3. Is this a CHDO Loan? Y/N: (If Y, answer Item 4.)	4. Is the activity going forward? Y/N: (When Y, fill out the rest of the form. If N, Sections ?? are not needed.)

C. Activity Information.

1. Activity Type (check one): (2) <input type="checkbox"/> New Construction Only (4) <input type="checkbox"/> Acquisition & Rehab (3) <input type="checkbox"/> Acquisition Only (5) <input type="checkbox"/> Acquisition & New Construction					
1. Homebuyer's Name (optional):		2. Homebuyer's Street Address:			
3. City:	4. State:	5. Zip Code:	5. Estimated HOME Units:	6. Estimated HOME Cost:	
7. Loan Guarantee? Y/N:					

D. Developer Information. (Only applicable if this is a multi-address activity)

1. Developer Type (check one): (1) <input type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit (2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly Owned (3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other	2. Developer's Name:		
	3. Developer's Street Address:		
	4. City:	5. State:	6. Zip Code:

Complete Homebuyer Activity:**E. General Information.** (Same as set up)

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:
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F. Activity Information. (Sections F, G, and H are to be filled out for each property address. If this is a multi-address activity, make copies of this form so that each address has separate F, G, and H information.)

1. Activity Type (check one): (2) <input type="checkbox"/> New Construction Only (4) <input type="checkbox"/> Acquisition & Rehab (3) <input type="checkbox"/> Acquisition Only (5) <input type="checkbox"/> Acquisition & New Construction		2. Property Type (check one): (1) <input type="checkbox"/> 1-4 Single Family (3) <input type="checkbox"/> Cooperative (2) <input type="checkbox"/> Condominium (4) <input type="checkbox"/> Manufactured Home		3. Total Completed Units: _____ HOME-assisted Units: _____ 504-accessible Units: _____
4. Homebuyer's Name (optional):		5. Homebuyer's Street Address:		
6. City:	7. State:	8. Zip Code:	9. Purchase Price:	10. Value After Rehab (only applicable for Acquisition/Rehab activities):

G. Activity Costs.

1. HOME Funds (Including Program Income)

a. Property Costs

(1) Amortized Loan	\$
(2) Grant	\$
(3) Deferred Payment Loan (DPL)	\$
(4) Other	\$

b. Downpayment Assistance

(1) Amortized Loan	\$
(2) Grant	\$
(3) Deferred Payment Loan (DPL)	\$
(4) Other	\$

c. CHDO Loan

	\$
Total HOME Funds [a + b + c]	\$

2. Public Funds

(1) Other Federal Funds	\$
(2) State/Local Funds	\$
(3) Tax Exempt Bond Proceeds	\$
Total Public Funds [(1) + (2) + (3)]	\$

3. Private Funds

(1) Private Loans	\$
(2) Owner Cash Contribution	\$
(3) Private Grants	\$
Total Private Funds [(1) + (2) + (3)]	\$
4. Activity Total (Sum All Totals)	\$

H. Household Characteristics. (Refer to code below where applicable)

Unit #	# of Bdrms	Occupant	Household					Assistance Type	Total Monthly Rent
			% Med	Hispanic? Y/N	Race	Size	Type		

1. Homebuyer Counseling? (check one): (1) <input type="checkbox"/> No Counseling (3) <input type="checkbox"/> Post-counseling (2) <input type="checkbox"/> Pre-counseling (4) <input type="checkbox"/> Both	2. First-time Homebuyer? Y/N:	3. FHA Insured? Y/N:
4. Lease Purchase? Y/N: If yes, date of agreement:		

of Bdrms
 0 – SRO/Efficiency
 1 – 1 bedroom
 2 – 2 bedrooms
 3 – 3 bedrooms
 4 – 4 bedrooms
 5 – 5 or more bedrooms

Occupant
 1 – Tenant
 2 – Owner
 9 – Vacant Unit

Household % of Med
 1 – 0 to 30%
 2 – 30+ to 50%
 3 – 50+ to 60%
 4 – 60+ to 80%

Household Race
 11 – White
 12 – Black or African American
 13 – Asian
 14 – American Indian or Alaska Native
 15 – Native Hawaiian or Other Pacific Islander
 16 – American Indian or Alaska Native & White
 17 – Asian & White
 18 – Black or African American & White
 19 – American Indian or Alaska Native & Black or African American
 20 – Other Multi Racial

Household Size
 1 – 1 person
 2 – 2 persons
 3 – 3 persons
 4 – 4 persons
 5 – 5 persons
 6 – 6 persons
 7 – 7 persons
 8 – 8 or more persons

Household Type
 1 – Single, non-elderly
 2 – Elderly
 3 – Single parent
 4 – Two parents
 5 – Other

Assistance Type
 1 – Section 8
 2 – HOME TBRA
 3 – Other Federal, State, or Local Assistance
 4 – No Assistance

Homeowner Rehab Set Up and Completion Form

HOME Program (For single and multi-address activities)

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
OMB Approval No. 2506-0171
(Exp. 03/31/2005)

Check the appropriate box:

- ☐ Original Submission ☐ Change Owner's Address
☐ Ownership Transfer ☐ Revision

Name and Phone Number of Person Completing Form:

Set Up Homeowner Activity:

A. General Information.

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:

B. Activity Information.

1. Homeowner's Name (optional):		2. Homeowner's Street Address:		
3. City:	4. State:	5. Zip Code:	5. Estimated HOME Units:	6. Estimated HOME Cost:
7. Loan Guarantee? Y/N:				

C. Contractor Information. (Only applicable if this is a multi-address activity)

1. Contractor Type (check one): (1) <input type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit (2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly Owned (3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other	2. Contractor's Name:			
	3. Contractor's Street Address:			
	4. City:	5. State:	6. Zip Code:	

Complete Homeowner Activity:

D. General Information. (Same as set up)

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:
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E. Activity Information. (Sections E, F, and G are to be filled out for each property address. If this is a multi-address activity, make copies of this form so that each address has separate E, F, and G information.)

1. Property Type (check one): (1) <input type="checkbox"/> 1-4 Single Family (3) <input type="checkbox"/> Cooperative (2) <input type="checkbox"/> Condominium (4) <input type="checkbox"/> Manufactured Home		2. Total Completed Units: _____ HOME-assisted Units: _____ 504-accessible Units: _____	
3. Homeowner's Name (optional):		4. Homeowner's Street Address:	
5. City:	6. State:	7. Zip Code:	8. Value After Rehab:

F. Activity Costs.

1. HOME Funds (Including Program Income)

(1) Amortized Loan	\$
(2) Grant	\$
(3) Deferred Payment Loan (DPL)	\$
(4) Other	\$
Total HOME Funds [(1) + (2) + (3) + (4)]	\$

2. Public Funds

(1) Other Federal Funds	\$
(2) State/Local Funds	\$
(3) Tax Exempt Bond Proceeds	\$
Total Public Funds [(1) + (2) + (3)]	\$

3. Private Funds

(1) Private Loans	\$
(2) Owner Cash Contribution	\$
(3) Private Grants	\$
Total Private Funds [(1) + (2) + (3)]	\$

4. Activity Total (Sum All Totals)

\$

G. Household Characteristics. (Refer to code below where applicable)

Unit #	# of Bdrms	Occupant	Household					Assistance Type	Total Monthly Rent
			% Med	Hispanic? Y/N	Race	Size	Type		

FHA Insured? Y/N:

of Bdrms
0 – SRO/Efficiency
1 – 1 bedroom
2 – 2 bedrooms
3 – 3 bedrooms
4 – 4 bedrooms
5 – 5 or more bedrooms

Occupant
1 – Tenant
2 – Owner
9 – Vacant Unit

Household % of Med
1 – 0 to 30%
2 – 30+ to 50%
3 – 50+ to 60%
4 – 60+ to 80%

Household Race
11 – White
12 – Black or African American
13 – Asian
14 – American Indian or Alaska Native
15 – Native Hawaiian or Other Pacific Islander
16 – American Indian or Alaska Native & White
17 – Asian & White
18 – Black or African American & White
19 – American Indian or Alaska Native & Black or African American
20 – Other Multi Racial

Household Size
1 – 1 person
2 – 2 persons
3 – 3 persons
4 – 4 persons
5 – 5 persons
6 – 6 persons
7 – 7 persons
8 – 8 or more persons

Assistance Type
1 – Section 8
2 – HOME TBRA
3 – Other Federal, State, or Local Assistance
4 – No Assistance

Household Type
1 – Single, non-elderly
2 – Elderly
3 – Single parent
4 – Two parents
5 – Other

Tenant Based Rental Assistance Set Up Form HOME Program

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
OMB Approval No. 2506-0171
(Exp. 03/31/2005)

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form:
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A. General and Activity Information.

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:

B. Household Characteristics. (Refer to code below where applicable) **Assisting more than 8 tenants? Make copies of this page for additional space.**

No.	Last Name	# of Bdrms	Sec Dep	Monthly Rent			Household					Tenant Contract		
				Tenant (a)	TBRA (b)	Total (a+b)	% Med	Hispanic? Y/N	Race	Size	Type	Paid To? O=Owner T=Tenant	New? Y/N	Months
1														
2														
3														
4														
5														
6														
7														
8														

C. Total/Subtotal of HOME Funds Requested: \$

# of Bdrms 0 – SRO/Efficiency 1 – 1 bedroom 2 – 2 bedrooms 3 – 3 bedrooms 4 – 4 bedrooms 5 – 5 or more bedrooms	Household % of Med 1 – 0 to 30% 2 – 30+ to 50% 3 – 50+ to 60% 4 – 60+ to 80%	Household Race 11 – White 12 – Black or African American 13 – Asian 14 – American Indian or Alaska Native 15 – Native Hawaiian or Other Pacific Islander 16 – American Indian or Alaska Native & White 17 – Asian & White 18 – Black or African American & White 19 – American Indian or Alaska Native & Black or African American 20 – Other Multi Racial	Household Size 1 – 1 person 2 – 2 persons 3 – 3 persons 4 – 4 persons 5 – 5 persons 6 – 6 persons 7 – 7 persons 8 – 8 or more persons	Household Type 1 – Single, non-elderly 2 – Elderly 3 – Single parent 4 – Two parents 5 – Other
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